

OFFICE OF THE FEDERAL DEFENDER
EASTERN DISTRICT OF CALIFORNIA
801 I STREET, 3rd FLOOR
SACRAMENTO, CALIFORNIA 95814
(916) 498-5700 Fax: (916) 498-5710

Quin Denvir
Federal Defender

Daniel J. Broderick
Chief Assistant Defender

September 1, 2005

Ms. Candace A. Fry
Attorney at Law
2401 Capitol Avenue, #3A
Sacramento, CA 95816

FILED

SEP - 1 2005

Re: U.S. v. Shaneko Giles
Cr.S-05-125-MCE

COURT CLERK
EASTERN DISTRICT OF CALIFORNIA
DEPUTY CLERK

Dear Ms. Fry:

This will confirm your appointment as counsel by the Honorable Peter A. Nowinski, U.S. Magistrate Judge, to represent the above-named defendant. You are attorney of record until such time as you are relieved or other action is taken to appoint a different attorney.

Enclosed is CJA 20 form, your Order of Appointment and Voucher for services rendered. Also enclosed is an instruction sheet discussing the use of the forms, together with sample forms for reporting court time. This will also provide a uniformity in the way attorneys report their time and services rendered.

If we may be of any further assistance regarding the processing of the enclosed form, preparation of form CJA 21 for expert services, or in reference to any other matter pertaining to this case, please feel free to call upon us at any time.

Very truly yours,



CYNTHIA L. COMPTON
CJA Panel Administrator

:clc
Enclosures

cc: Clerk's Office

1. CR./DIST./DIV. CODE CAE	2. PERSON REPRESENTED Giles, Shanel	3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 2:05-000125-005	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) U.S. v. Giles	8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Criminal Case		
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 1344A.F -- BANK FRAUD					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS FRY, CANDACE A. 2401 CAPITOL AVENUE SUITE 3A SACRAMENTO CA 95816			13. COURT ORDER <input checked="" type="checkbox"/> A Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel		
Telephone Number: _____			Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise testified that the court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions)		
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)					
15. CATEGORIES (Attach itemization of services with dates)			HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS
a. Arraignment and/or Plea					
b. Bail and Detention Hearings					
c. Motion Hearings					
d. Trial					
e. Sentencing Hearings					
f. Revocation Hearings					
g. Appeals Court					
h. Other (Specify on additional sheets)					
(Rate per hour = \$ 90)			TOTALS:		
16. OOT OF Court					
a. Interviews and Conferences					
b. Obtaining and reviewing records					
c. Legal research and brief writing					
d. Travel time					
e. Investigative and Other work (Specify on additional sheets)					
(Rate per hour = \$ 90)			TOTALS:		
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets.			I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____		
23. IN COURT COMP.		24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE		28a. JUDGE / MAG. JUDGE CODE
29. IN COURT COMP.		30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE		34a. JUDGE CODE

FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

REV. 11/90

IN UNITED STATES
IN THE CASE OF MAGISTRATE DISTRICT APPEALS COURT or OTHER PANEL (Specify below)

U.S.

vs. *Bedenfield et al.*

CR#-05-125

FOR

ED CA

AT

Sacramento

LOCATION NUMBER

097

PERSON REPRESENTED (Show your full name)

Shameko Giles

CHARGE/OFFENSE (describe if applicable & check box →)

 Felony
 Misdemeanor

- 1 Defendant—Adult
- 2 Defendant—Juvenile
- 3 Appellant
- 4 Probation Violator
- 5 Parole Violator
- 6 Habeas Petitioner
- 7 2255 Petitioner
- 8 Material Witness
- 9 Other (Specify) _____

DOCKET NUMBERS

Magistrate

District Court

05-125-MCE

Court of Appeals

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

Are you now employed? Yes No Am Self Employed

Name and address of employer: _____

IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment
How much did you earn per month \$ *2/04/300.00* *per mo*If married is your Spouse employed? Yes NoIF YES, how much does your Spouse earn per month \$ *N/A* If a minor under age 21, what is your Parents or
Guardian's approximate monthly income \$ _____

EMPLOY- MENT	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	RECEIVED _____ SOURCES _____

ASSETS OTHER INCOME	IF YES, GIVE THE AMOUNT _____ RECEIVED & IDENTIFY \$ _____ THE SOURCES _____
	RECEIVED _____ SOURCES _____

CASH	Have you any cash on hand or money in savings or checking account <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____
	RECEIVED _____ SOURCES _____

PROP- ERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, GIVE VALUE AND \$ <i>c-1,600.00</i> DESCRIBE IT _____ VALUE _____ DESCRIPTION <i>Mazda 1997</i> _____
	RECEIVED _____ SOURCES _____

OBLIGATIONS & DEBTS DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR <input type="checkbox"/> DIVORCED	Total No. of Dependents <i>0</i>	List persons you actually support and your relationship to them _____
	DEPENDENTS	_____	_____

DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME: <i>no debts</i> <i>(see reverse)</i>	Creditors _____	Total Debt \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	Monthly Payt \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	_____	_____	_____

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

I certify the above to be correct.

Shameko Giles 8/11/05

WARNING: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS AFFIDAVIT MAY BE PUNISHABLE BY FINE OR IMPRISONMENT, OR BOTH.